

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565,938

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44				1-		
45				1-		
46				1-		
47				1-		
48				1-		
49				1-		
50				1-		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1-		
52				1-		
53				1-		
54				1-		
55				1-		
56				1-		
57				1-		
58				1-		
59				1-		
60				1-		
61				1-		
62				1-		
63				1-		
64				1-		
65				1-		
66				1-		
67				1-		
68				2-		
69				2-		
70				2-		
71				2-		
72				1-		
73				1-		
74				2-		
75				2-		
76				2-		
77				2-		
78				2-		
79				2-		
80				2-		
81				2-		
82				1-		
83				1-		
84			1			
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		21	↓	
TOTAL DEP.	←		←	52	←	
TOTAL CLAIMS				54		